

Report - PART- A

CHLP Learning

1. Introduction

I am Alfred S Raju, native of Bangalore, I completed my Master's of Social Work (Community Development) from Christ University. My area of interest are School health promotion, Early Child Care, Nutrition, Mental health and Occupational Health.

2. Why did I join the fellowship?

Community Health Learning Program of SOCHARA is one of the unique courses in the field of Public Health. As I am in the field of Social Work and I had the desire to connect with people, be of some help them, by learning together, the grave realities of the world that we live in. especially when I saw the plight of some urban poor localities in Bangalore. I felt that a systematic way of engaging in the lives of people is necessary so that, we may be of something help rather than causing damage to them. The health of many urban poor localities is a major challenge that I have witnessed, first of all the living condition is not so conducive, the basic facilities like water, sanitation, hygiene is a far reality for most of them. Apart from these, they are vulnerable to all kinds of socio- economic, political, and cultural oppressions. In this challenging reality, it was my desire to engage in the lives of people with Health awareness session, helping people to help themselves, in accessing the health facilities available. The help people, I should know the basic knowledge of Health and its various approaches.

Through this community health learning program. I would be able to get the right approach to engage in people's lives at the same time to learn through practising(Experiential learning). As the CHLP courses gives an ample space to reflect of the aspects that we learn from the field. learning by doing is what attracted me towards CHLP.

Through this community health learning program, I would be able to serve the marginalized communities. It also enables to get into the action research as I am also interested in pursuing my Ph'd in Social Work. CHLP is a great avenue that can navigate my interest in a proper way. According to my person opinion, our experience of realities should push us to understand the community through the lens of SEPCE, (Socio, economic, political, cultural and environmental). This analysis through the lens of SEPCE will lead to Action, action will further lead to research and research to dissemination of the learnings by engaging with the communities. CHLP course outlines interested me apply. Therefore, I applied and the experience is enriching.

3. What were my learning objectives and were they met?

My learning objective are

- To learn and understand community health
- To learn the social determinants of health both by theory and practical.
- To enhance my understanding about the concepts like GLOCAL (both local and global), the impact of globalisation of health and its access to the poor and needy.

- The alternative model available to all people irrespective their backgrounds
- To visit communities (urban poor) and public health facilities available
- To conduct action research especially the most marginalized and vulnerable groups, their access to health.

Yes, My learning objectives were met, it was great unlearning, learning and relearning. The CHLP program that is designed so meticulously and wonderfully to meet the need is appreciable. It enabled me to understand the community more better and to approaches are impactful. I was able to learn to understand, communicate, engage more effectively with communities.

Community health: my understanding of the community was people coming together with a common interest. Like associations, clubs, sports groups etc. it is self-organized groups. My understanding of Community health changed; it gave a broader perspective towards the concept of community. The process of enabling people, to exercise collectively their responsibility, to their own health and to demand health as their right. The enabling, rights with responsibility, and taking ownership of the process and demanding health as their right.

Social determinants of health

There is no single definition or understanding of the factors that affect the health of human beings. There is no single definition of social determinants of health, but we can see some commonalities. Many Social sectors, NGO's recognize that there are many social factors that affects the health of the individual. They point towards the social and economic aspect of it, where as the module focuses on the Political, cultural and environmental factors too, which is wholisitic in nature. Which helps a community health practioners to have a broader understanding of a given situation. I applied this analysis in my project with Paurakarmikas of Bangalore. It gave me broader understanding about he social setup they come from, why they work as sanitation workers, is it by choice or compulsion, is there a particular group of people pushing them to do menial jobs or is there no alternative, is it survival etc . I was able to connect their living and working condition to the culture. Many hidden things are there, in the lives of PAurakarmikas, they face the challenges in the society as they are born in a particular caste, they are expected to work or follow a particular occupation. They are not given any other jobs in the labour market. Politically, they are in the same condition because of the political oppression, their children and children, from generations they have been doing these menial types of jobs.

4. Learning from modules and how I applied the learning in my work.

The modules in the CHLP program are systematically placed. It is well crafted design which covers the whole range of subjects that is very important for community health practioners and social workers. The topics that interested me are as follows:

- Understanding Health, community, community health
- Axioms of community health
- Community health approach to Public health
- SEPCE analysis
- determinants of health
- Community health approach to Covid-19 by Dr. Antony
- Right to health and access to health care

- Culture and its role in promoting equitable access to health and health care
- Health systems in India
- Pluralism in health care in India
- Role of health traditions and Ayush by Prof. G. Harimurthi
- Food and Nutrition by Dr. Ravi D' souza
- C- Wash by Mr. Prahlad
- Women's health /gender and health
- Mental health by Dr. Mohan Isaac
- Communicable and non-communicable diseases
- Palliative care
- Communication for health

The most interesting learning which I applied in the field are the Axioms, paradigm shift and SEPCE analysis in the small project engagement with BBMP Paurakarmikas(Sanitation workers in Ananadapuram and Mayabazaar Urban poor localities in Bangalore.

The paradigm shift from medical model to social model is very interesting/

Paradigm shift

Medical model

- Individual
- Patient
- Disease
- Providing
- Drugs/ Technology
- Professional

Social Model

- Community
- People
- Health
- Enabling
- Knowledge social processor
- Demystification

Reflections on use of the LMS, videos and participation in live online sessions.

LMS is a great tool in times of Covid and online world. The material for reading was uploaded, the videos, lecture were available to me. Any point of the time we can access and read. It helped to watch the lecture later. I sincerely attended all the lectures, unless there was some emergency and was caught up with work. It is great learning tool, as we can upload our assignments, attend quiz, assignments. Online sessions have positive as well as negative benefits. The positive side of it was that, we can attend the classes from our home and from our comfort zones, online classes was the norm of Covid times, as we are coming out of the covid, it gave us an opportunity to learn in a safe environment. Personally, I like the offline classes as there is face-to-face meeting, discussion and learnings. I am also slowly adopting to the new norm of the times, that is attending online classes. It would have been more interesting and active participation if it was offline(my personal opinion). But I feel that it was great effort from CHLP team in preparing the modules and uploading the appropriate material every week is appreciable. LMS is a great platform, in the longer run we all will get used to it as we live in the tech-savvy world.

How was a balance between work, life and the CHLP maintained?

It was quite a challenging task to work and also study. The CHLP online was designed in such a way that it did not interfere with my work schedule. We had weekly twice online sessions which also was during evenings when all of us were done with our work. It was quite flexible with regards to online class. I was able to attend almost all the classes. The readings and timely submission of assignments were a challenging for me. As I couldn't give my best of 100% for which there is regret. There is always a feeling that I could have done much more better. I should have done my assignments on time. It was a great learning opportunity for me as I can confidently say that I have learnt something that I will put into practice. Certainly, there is some improvement and betterment in my knowledge, attitude and practice. I am indebted to the CHLP team for their patience and understanding us. I believe it is just the beginning, many things to learn as I embark on this journey of community health. I trust that everyday we can learn something new. CHLP has ignited the fire in me, it will continue to inspire me to read more and engage in the lives of people and to learn from them.

5. Mentorship process and reflections

The Mentor was assigned to me by the CHLP team is an excellent person. Initially when I saw the mentors list. I was not that much happy about the unfamiliar name that was assigned to me. It was Ms. Florence Jasmine David from INSA India. I had been to Indian Social Institute and INSA, India office, but I have not met Ms. Florence J, David before. My initial visit to her, I had inhibitions. As I met her, it looked like she is very strict by her appearance and her interactions with her office staff. The staff members in INSA office welcomed me with smile and made me to sit in their office. They introduced themselves and enquired about me and my background, my areas of interest. The interaction with staff members was good. They made me to relax and be comfortable.

Ms. Florence David, my mentor came and introduced herself to me and asked about my background. She sat with me for an hour and half we both worked on the topic that I was interested in, we spoke about the locality where I am going to engage with for my project. She gave me necessary support and feedback as we worked on schedule of visits to the community, the Need base assessment, planning of the awareness session with Paurakarmikas.

She along with the team visited the Anandapuram slum community on December 1, 2022. She had transit walk and also tried to understand the community, its composition, need and how we can effectively work in the community. Since, I was not planning to give awareness to the community. We moved our focus on sanitation workers who are working in the community, from the community. We felt the need and planned accordingly.

In fact, in collaboration with SOCHARA, Ms. Florence and team had conducted a program on World AIDS day at Anandapuram to the community volunteers, around 30 women attended the awareness session. Aspects like what is HIV, how it spread, how to prevent, when contracted what help should be sought, the stigma of HIV was discussed.

Apart, from her timely messages, mentoring through whataspp. Email, calls and physical meetings. Ms. Florence was very gracious, she helped me in my session by donating material for the sessions worth one lakh(mouth wash, paste, Junior Horlicks). Which I distributed during my sessions with Paurakarmikas at Anandapuram and Mayabazaar. She encouraged me to go out of box and think. Apart from giving health awareness to 107 Sanitation workers, around 60 women and 110 children were given health and nutrition awareness. I am grateful to my mentor, who is kind hearted person, who has passion to serve the marginalized communities. The speed at which she works is incredible, she is always available for any kind of help or suggestions. She gave me the best possible help from her side. I am happy to get to know her, she is a good human being , philosopher, kind hearted person and she has rich experience in developmental sector. I was very fortunate to have her as my mentor for CHLP project.

6. Project learning experience

Orientation

The week orientation at St. John's medical college campus was an eye opening and introduction of me to the journey of Community health. It enabled me to get a wholisitic picture about the vast topic health. Different people's sharing about their experience in the meeting was interesting, it gave me the desire to know more and to involve the community in addressing the issue. Community at the centre of all the we do in enabling the community members to solve their problems. Community identifies, community plans, community executes and community takes credit for all that is done.

Sessions on understanding health was one of the topics that interested me. The multi-dimensional aspect of health as a human right enabled me to focus on the areas of my interest. For many accesses to healthcare is a far reality. The issues related to health and how we can be the catalyst gave me an impetus to work that i am engaged with esepcailly Parikramas. The TB medicines or the ART accessibility by patients is difficulty, due to poverty many patients they do not take medicines this includes Sanitation workers.

SEPCE analysis

I was familiar with SWOT/ SWOC analysis. Introduction to SEPCE gave me little more broader understanding of the community that I was engaging with. As I was interested in working with Paurakarmikas and their health. As in was exploring as in how to engage with Paurakarmikas, many challenges arised. As Paurakarmikas, there is set standard for contractors to follow in safety and welfare of the workers. As I was discussing with the Paurakarmikas, I understood that Paurakarmikas as divided into 2 types in BBMP, 1. Directly appointed by BBMP and 2. On Contract basis. As I was thinking of taking awareness sessions on occupational health and safety, my few interactions with the workers and sanitation workers challenged me to drop occupational health and safety topic, since there are contract workers, I was suggested by the community well wishers that if we touch this topic of the social security needs and the safety measurements, the contractors will not be happy, since the Paurakarmikas will protest and demand the boots, gloves, helmets, jackets etc for which contractors are responsible. Since it was sensitive issue I chose not to touch the topic instead I thought I can touch upon the health of Paurakarmikas.

It was great learning experience to me personally. I always use to wonder and their lives intrigued me to work with them. Whether it was Covid times or non- Covid times, we have seen this group of people relentlessly working to keep our city clean. The whole world was shut down due to Covid -19 but the Paurakarmikas were on their duty. Working and ensuring that the city is clean. Whether it's rainy day or sunny, they are in the streets cleaning, collecting garbage from households and streets. As we learnt about social determinants, clean environment, water, sanitation also is one of the major components that determines the health of an individual. The Paurakarmikas ensured that the city and its residents are safe, whereas why are they ignorant about their health and their lives was my question. Therefore, I tried to explore the lives of Paurakarmikas, their background, their economic gain by putting their lives in risk etc.

As I had few interactions with the sweepers and waste collectors on the road and my apartment, I understood the reality of their lives. most of them are in this profession not by their choice. It is due to the caste that they were born, it was their survival rather than their livelihood. They had to work as Paurakarmikas since they are not employed anywhere due to their caste or the religion of their birth. It was eye opening to me as, even when they feel like working in some other shops or factories, they are not considered due to societal unwritten laws. Therefore, they have no choice but to work as sanitation workers. As my interaction continued, to my understanding, most of them are Dalit, that too dalit women, out caste, Panchamas, they don't fall in the caste hierarchy of the social system of India. They twice or thrice discriminated based on caste and gender. At this point I understood, the intensity of the issues faced by the Paurkarmikas.

They are treated with derogatory terms such as *kuppa*, *thoti*, *chappar*, BBMP, Mali, waste pickers, some of them even expressed that they were physically and sexually abused by the upper caste people in the society. One of the worker aid , there is not safety for their lives, no dignity of labour.

The sessions enabled me to see the Paurakramikas and their lives from close proximity. Most of them are migrants, they have migrated to cities like Bangalore, Mumbai, Chennai, Hyderabad because they can work as sanitation workers, work is found every day, whereas when they live in their villages, they get work only when some animal is dead or someone in the village dies. Therefore, most of them find cities to be the places where they have continuous work and they can survive.

The facilities that they are suppose to get as sanitation workers is also far from reality. Their salaries are not paid on time, sometimes 6 months sometimes it's a year. We have heard stories of Paurakarmikas taking their lives because they were not able to feed their families. The work conditions are also some situation questionable, still manual scavenging, human entering the drains and cleaning in spite of clear guidelines of engaging machines is mentioned in BBMP solid waste management TOT training manual. The condition of contract BBMP Paurarakrmikas is even worse comparatively. Some of them had to go through abuses, some contracted respiratory diseases even then they have to work, some even died while working, no compensation or work was given to family members. If we dig deeper into the lives of the Paurakarmikas, we will come to know their real pain and pathos. Most of them suffer inside because they do not have any one who listens to plight and ensures their safety. As residents of this each one should be conscientized about the issues of the Paurakarmikas, they are treated like

animals, some times worse than animals. Programmes involving citizens and Paurakarmikas should be organized where dignity and human worth of Paurakarmikas is conscientized. Researches related to their lives, occupation, challenges, stigmas should be taken. Awareness related to Rights and responsibilities should be taken.

7. Take away from CHLP and Looking Ahead -Where do I go from here?

CHLP is a unique program in which all the components of health are discussed. Especially community health approach to public health. Putting community at the centre and discussing, planning, executing the solutions. Collective engagement in the finding solution for the issues faced by the communities. Building solidarity among the communities. Rights and responsibilities, autonomy over health, health of people in people's hand. To integrate health and developmental activities, building equity and empowering communities beyond their social conflicts, promoting and enhancing the sense of community. Looking ahead, I would to see myself involving in sensitizing Paurakarmikas about their health, their rights and responsibilities.

CHLP Report – 2023 Community-Based Health Action-Reflection Project

Submitted by: Alfred S. Raju

Occupational health and safety of Paurakarmikas in Bangalore

“You must be the change you wish to see in the World” – Mahatma Gandhi

The engagement with Pourakarmikas was aimed to understand the working condition of in Anandapuram ward and give health education.

Historical Background of Pourakarmikas

Cultural values have been attached to waste for a long time now (Blinchow 1986) and waste collection in India dates back to 17th century: bones, rags and paper were the first commodities that were collected. Historically, any occupation related to waste, garbage, handling of carcasses and human excreta has been traditionally bound to the lowest caste (Chandran et al. 2013). In the hierarchical structure of the caste system in India, scheduled caste is at the bottom most rung of the ladder (Darokar 2010). Occupations assigned to scheduled castes like sweeping streets, removing garbage, removal of dead animals, leather work, funeral work and manual scavenging are considered to be polluting occupations and the communities engaged in it are considered as ‘untouchables’ or ‘asprushas’ in the Indian society (Beck and Darokar 2005). Therefore, members of this occupation face discrimination, stigma, social exclusion and isolation due to the concepts of purity and pollution (Sicular 1992).¹

The castes involved in waste collection in Karnataka are: Adi Andhra, Adi Dravidas (Holeyas), Adi Karnataka (Madigas) and Bovis (Oddas) (Karanth 1995). A 2010 study on informal waste pickers by Mythri Sarva Seva Samithi (MSSS) concluded that scheduled caste (SC), other backward caste category (OBC) and Scheduled Tribes (ST) including nomadic tribes, sheik, kounder, Hakki Pikki Tribes are also involved in waste-picking (as stated in Chandran et al. 2013). The survey conducted by the Committee on Improvement of Living and Working Conditions of Sweepers and Scavengers headed by I.P.D Salappa (1976) showed that Scheduled Castes, Scheduled Tribes, Muslims, Christians and non-Scheduled Castes like Lingayats, Kurubas and Mudaliars are engaged in waste-related occupations. Chandran et al. 2013 states that people from non-scheduled castes and religions join the vocation due to economic pressures.²

Socioeconomic Status of Pourakarmikas

Caste based social exclusion and discrimination in the pourakarmika community is common. Social exclusion is defined as the “limited capability of an individual to participate in the society” (Darokar 2010). Due to social exclusion that is either subtle or evident, members of the social group are prevented from enjoying full participation in the larger society in terms of

¹ Anusha Purushotham, “Swept-under: A study in the Health status of Municipal Pourakarmikas (Solid Waste management workers) in Bengaluru(MPH thesis: School of Health Systems Studies, TISS:Mumbai, 2019).

² Ibid..Pg.3.

economic resources, educational opportunities, political participation or participation in other organisations (Kadam 2017).³

A study conducted on the sanitation workers in the Municipal Corporation of Ahmedabad found that most of the sanitation workers belonged to the Valmiki community (Mishra, Dodiya and Mathur 2012). Houses of members of this community were built with mud, bamboo, plastic sheets. Many of them did not have toilets at home. Children had high dropout rates and those who dropped out had to take up traditional caste based occupations. Widows of workers who did their husbands' duties received half the wages or lesser. Many workers did not receive provident fund, medical insurance or other benefits (Mishra, Dodiya and Mathur 2012). Such discriminations and neglect are evidence of how the interlinking of occupation and caste affects their lives.⁴

Similarly, a study in Gulbarga district, Karnataka, by Bhimasha and Sedamkar (2015) described how sanitation workers experienced a low socio-economic status due to the nature of their work. Society's attitude along with low salary and limited job opportunities further isolated them. The health status of pourakarmikas is also dismal, considering their role as the backbone of the waste management system in the city. Their absence for a day will bring the city to a standstill. Despite their crucial role in the smooth functioning of the city, pourakarmikas are largely neglected both by the government and the society. With majority employed under contracts which have only been recently converted to direct payment under the BBMP, pourakarmikas have low job security and inadequate employment benefits, especially with respect to healthcare and occupational safety. Faced with the harsh elements of nature, they are left to fend for themselves with little assistance from the state or their employers.⁵

Health Risks of Pourakarmikas

A study in Lobatse, Botswana, showed that lack of protective equipment and clothing results in respiratory illnesses and other health issues among landfill employees and scavengers (Gwisai, Areola and Segosebe 2014). Similarly, there are studies in the Indian context that point towards a higher morbidity rate among sanitation workers when compared to the general population. The job of pourakarmikas involves collecting waste – organic and inorganic, collecting recyclable material and transporting it to the waste pick-up lorries. There is an inherent occupational risk since the wastes that they handle can be hazardous since most of the solid waste in developing countries like India is not segregated at the household. Therefore, the waste maybe mixed with infectious medical waste, toxic waste materials and sharp objects to name a few. Pourakarmikas have higher exposures to injuries and health hazards and consequently suffer from a variety of illnesses and injuries (Jayakrishnan, Jeeja and Bhaskar 2013).⁶

Health awareness for Paurakarmikas

Background of the locality

Ananda Puram is a urban poor locality which is near K. R. Market in Bangalore. It has 940 households, most of the people living here work as vegetable vendors, coolies in K.R. market or work in shops in and around the busy market. The locality area is 2. 5 acres, the land belongs to one individual. Now government is negotiation with the owner of the land. The community illegally settled in this land 80 years back and now it has close to 4000 members. the ward

³ Ibid...pg3.

⁴ Ibid...4

⁵ Ibid...4

⁶ Ibid...4

number according to the BBMP ward division and numbering is 139 with 15 streets. Mostly, SC community, few Gounder(30houses), Muslims. (20 houses)

To understand the community, survey has been conducted by the field Coordinators. Door to door survey has been conducted. Engagement with the community has been smooth since SOCHARA's presence was already there. This ward has 58 Paurakarmikas, 35 female and 15 male which includes with drivers.

As the process of engaging with the community, the following steps were followed.

Rapport building: To build rapport initial visits were made, introduced self and the objective of visit was explained to Paurakarmikas after three visits. Along with Paurakarmikas, Team comprised of Health inspector Venkatesh and supervisor Surya Naryan.

Goal Setting: In discussion with the Health Inspector and Paurakarmikas: detailed discussion took place related to need assessment and awareness session. It was decided not to touch upon the social security schemes and eligibility as most of the Paurakarmikas are appointed on contract basis. Session on health aspect was thus decided keeping in mind the challenges in the context.

Objective: To Conscientize Pourakarmikas on importance of health.

1. Need assessment

- Focus Group Discussion was conducted to understand common health issues of Paurakarmikas. During the Focused group discussion. Paurakarmikas reported the following issues:

Health issues

- **Respiratory - Breathing problem:** The dust and smoke during sweeping the streets and collection of waste.
- **Wounds/ injury to hands and legs:** Since they find broken glass pieces, sharp objects like nail, iron pieces, safety pins etc. many Pourakarmikas reported that they had serious injury to their hands.
- **Head ache and vomiting:** few Pourakarmikas reported that they had vomiting when they worked in conditions like where the chicken and animal waste was dumped on the road along with garbage. Pourakarmikas had to clear it with their hand, there was foul smell which cause vomiting and head ache.
- **Allergies and skin problems:** as they come in contact with chemicals in the garbage, some of them use DDT and bleaching powder to clean the open drain. That creates skin rashes.
- **Vector Borne disease: Due to poor drainage** diseases Chikungunya, Dengue, Malaria. Some of the Paurakrmikas had Dengue and have recovered.
- **Alcohol and Tobacco usage-** All the male Pourakarmikas consume Alcohol and few women chew Bettle nut and some use Pan.
- **Body pain and Back pain:** The movement of Push cart in many women complained about having severe back pain as they push the carts carrying garbage, the movement of the Push cart in the Slum areas is difficult as the roads are not level.

Social Security needs

- Health risks awareness/ education to Pourakarmikas

- Health screening with the help of Local Primary Health Centre
- Social Security
- Health Insurance
- Supply of gloves, masks, Gumboots, and headgears

After FGD, session on occupational health issue was planned to all the Sanitation Workers at Ananda Puram on 11th January 2023 at 10:30 am.

2. Awareness Sessions Conducted at Ananda Puram on 11th January 2023.

Rapport building games: All the Participants actively participated.

Photos of Paurakarmikas

Work conditions



Pic : Without hand gloves and boots collecting waste



Pic : Without hand gloves and boots cleaning the open drain







Consent to click the pictures was taken before the session with all the participants.

What is health Question was asked to the participants. Participant expressed health is keeping ourselves well without diseases, not falling sick, physically strong, maintain personal hygiene, meditation.

Definition of health was explained in vernacular language based on WHO definition,

“Health is a state of complete physical, mental, social, well-being and not merely the absence of disease or infirmity.”

4 levels of health services were explained –

- Preventive,
- Promotive
- Curative and
- Rehabilitative

Prevention is better than cure was explained, to prevent the illness, what all measures should be taken was explained to them through using the BBMP Training of Trainers of Solid Waste

Management Master Trainers Manual produced in collaboration with SWMRT, EMPRI, Padmashree School of Public Health and SOCHARA (2016)⁷.

To prevent contraction of illness at work place the team continued to share the information

1. **Occupational Health Issues** the below points with examples were discussed with the Paurakarmikas. The points are as below:
 - Restrict access to disposal sites- to enter the sites only with safety or protective gears like helmets, gum boots, gloves, masks.
 - All the workers to wear hand gloves, shoes always while on duty.
 - Avoid manual handling of waste
 - Manual Scavenging is Prohibited
 - To use Auto tippers to collect Garbage than using the Push – cart which is heavy and cause back pain
 - If hurt – for punctured wounds to do the first aid and to consult the doctor. If necessary to take Tetanus injection.
2. **Nutrition**
 - To eat good healthy, nutritious food – food should include Carbohydrates, protein, Fats, vitamin, minerals, Water was also explained using charts and by the help of Building Capacities of Women’s Group on Women’s health.⁸
 - Food and its functions were explained like: Provides energy, growth and developments, protection from illness, keeps blood healthy and keeps eyes health.
3. **Oral Hygiene Practices**

The ill effects of chewing Pan, using tobacco , cigarettes were explained. It was recommended to

 - Brush teeth twice a day, before and after meals
 - To avoid using teeth to open sharp or hard objects. (opening the bottle lids using teeth).
 - Use massage the Gums after brushing
 - To brush upward downward than horizontal
 - To clean the tongue to avoid bad breath.

The Session concluded with a challenge and oath taking that everybody make it a point that they will be responsible for their won health. “*Namma Arogya Namma Kaiyalli.*”

Reflection and Personal Learning from engaging with the Parikramas for 2 months.

I was fortunate to connect with the Paurakarmikas as we see them every day on the streets of Bangalore, sincerely doing their work, be a rainy day or sunny day, or on holidays or lockdown, we see the only people early in the morning working for the cleanliness of Bangalore city are Paurakarmikas. Their commitment to keep the city and its citizens clean and safe is what triggered me to dig little deep into their lives. As I was interacting and closely observing their lives. one thing that triggered me to engage with Paurakarmikas is the news articles that I came across during my CHLP course.

⁷ BBMP Training of Trainers of Solid Waste Management Master Trainers Manual produced in collaboration with SWMRT, EMPRI, Padmashree School of Public Health and SOCHARA (2016)

⁸ Building Capacities of Women’s Groups on Women’s health, District Level Training Modules, developed by CHETNA, Ahmedabad for Ministry of Health and Family Welfare, New Delhi, 1999, Pg.3-10.

- 70% of Pourakarmikas has health issues (The Hindu, Nov 16, 2022). Most of them have high blood pressures, diabetes, skin diseases. They were aged between 28-60, the PK's alleged that the Civic Bodies are doing nothing to prevent their health from being affected by doing hazardous job of cleaning the city. The Civic body has stopped issuing hand gloves, safety masks, gumboots, jackets for more than a year.
- Pourakarmikas are working hard to remove the garbage and hazardous waste across the city. But, majority of them are suffering from illness because of lack of awareness. (Dr. ShivaKumar).
- The civic body that seeks their service seem to be ignorant about their health. Deprived of any safety gears like gumboots, helmets and even a glove, as many as 98 pourakarmikas work in all the 35 wards with the age-old practice equipment.
- Be it cleaning the drain or septic tank, the pourakarmikas do not have any modern cleaning equipment instead do a manual job. Due to frequent sprinkling of bleaching powder, their hands bear burn marks. They do not wear any mask while using the fogging machine to check mosquito menace.

As a result, most of them are suffering from various health issues. Though they have brought the same to the notice of the authorities concerned, nothing has come yet to their help.

- Situation continues to remain apathetic to the welfare of Pourakarmikas, and most particularly evident in the lack of providing appropriate protection. Guidelines listed in the ministry of Social Justice and Empowerment's advisory were regarded. (Report of Working Condition of Pourakarmikas during Covid 19 Pandemic, ESG- India Report, May 20&21, 2020). In reality there is minimum or not protection.

After reading these articles, I felt why should anyone depend on others for their health and safety. Why cannot the Paurakarmikas think little different and take few precautions/ prevention steps to keep themselves healthy and safe. As Paurakarmikas work is unrewarding or appreciated work. In Spite of not appreciated by the people, still they strive to keep the city clean, some of the communities even call them with derogatory names, *Thotti, Kuppa, Mali, BBMP, Chappar*. In spite of having names, they are called with these Titles, which is not good. They are ill-treated, some stories of physical abuse and verbal abuse also prevalent in the community.

Even to think that the Paurakarmikas lives and health are dependent of people of the city. I felt that the Paurakarmikas should realize that their health is in their hands "***Namma Arogya Namma Kaiyalli.***" As they do so much for us sacrificially, let us do our part by ensuring their safety and health, that's where I made up my mind to be of some help by giving health awareness to Paurakarmikas.

Onward Plan

In this pursuit as I was preparing for sessions, Dr. Ravi Narayan, left a message on my whatsapp to call him when I was free. The call with Dr. Ravi enabled broaden my horizon. As most of the Paurakarmikas are women. Instead of focusing of Maternal and Child Health,(which limits them to Uterus, child birth, caring and nurturing) why can't we focus on Women's health is the challenge that he posed and he recommended the Work that CHETNA an NGO has done for the Ministry of Health and Family Welfare, New Delhi titled as "Building Capacities of Women's Group's on Women's health. District Level Training Manual, in which Dr. Thelma

has also contributed in preparing the modules and training the Women's group. The book is interesting and the modules deal with Nutrition and women's health. Women's work and health, violence and women's health, women's mental health. Access to government service, panchayath Raj, malaria, TB. Water and sanitation, reproductive health with activities and notes for trainers. On this note

The experience of engaging with Paurakarmikas is interesting, in the future there is an opportunity to discuss and bring awareness to the Paurakarmikas about the real issues that they face on day-to-day basis not only at work place but also in their families and society at large.

Acknowledgment

I am indebted to SOCHARA and CHLP team for the constant support and broadening the horizons in understanding the real issues of different marginalized groups face in our society. And encouraging to use the SEPCE lens to see the issues in our society. I am also very very grateful to my mentor, philosopher, guide and a good human being Ms. Florence Jasmine David and INSA team who discussed, supported and hand held in every step of my journey with Paurakarmikas. She also supported awareness sessions with products from Uni liver for which I am ever grateful.

Annexures (Idea Draft, Participant information sheet, participant consent form)

An oral Consent was taken from all the participants of the session that the pictures taken will be used strictly for academic purpose not for any fundraising activity. All the participants consented.

The below statements were read to the group

Photo/Video - Consent Form

During the course of Health Awareness program, workshops or work in the community, I may click photographs to strengthen the visibility and partnership for the programmes, advocating for Paurakarmikas health rights and reporting. As per the SOCHARA guidelines, we shall not use photographs, nor divulge the confidentiality of information shared privately for counseling/mentoring. we guarantee you that photos will not be used in public newsletters and open to public reports without obtaining a written informed consent. Even with permission, we commit not to disclose the identity of the community or person being described.

If you give consent to our use of photographs for educational and reporting purposes as described above, please sign your name and include today's date

- Yes, I give my consent to the photographs/video recording for purpose of capacity building and advocacy and not for commercial use. I understand that these records may be used in a document on the internet, and/or in different forums for the said purpose.

Place:.....

Date:.....

Seal & Signature

The image shows two pages of handwritten data. The left page is titled 'Dehatal' and 'HVG/nt' and contains a list of 26 individuals with columns for name, sex, age, and phone number. The right page is a continuation of the list, with columns for name, sex, age, phone number, and address. The handwriting is in Devanagari script.

Sl. No.	Name	Sex	Age	Phone No.	Address
1	Babu Shree	F	30	7899731088	
2	Kanchana	F	30	9961680281	KANCHANA
3	Nisha	F	28	9186679729	pu...
4	Gadgaoni	F	35	8866546454	Govt.
5	LaZos	M	24	8108096564	
6	Hemant	M	35		
7	Rajith	M	22	9035489169	
8	Pooja	F	52	9036462179	
9	Prerna	F	38	9943162977	
10	Sushadumy	M	34		
11	Nisha	M	22	785770030	
12	Ganeshwari	F	35	999844824	Faridkot
13	Nandini	F	30	9900255723	Faridkot
14	Manjima	F	20	9833674462	
15	Manjima	F	16		
16	Manjima	F	26	876957889	
17	Manjima	F	30	973162111	
18	Manjima	F	26	988628265	
19	Manjima	F	28		
20	Manjima	F	23	738874387	
21	Manjima	F	24	933169918	
22	Manjima	F	27		
23	Manjima	F	26	913447222	
24	Manjima	F	27		
25	Manjima	F	43		
26	Manjima	F	42	9943162977	



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